Sexual Risk Behaviors Among Persons with HIV Receiving Medical Care in Texas

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Introduction (Updated 10/25/11*)

- •As of December 31, 2009, there were 65,473 persons living with HIV (PLWH) in Texas.
- •Male-to male sexual contact is the transmission mode for 54% of PLWH, followed by heterosexual contact at 24%.
- It is estimated that 46% of new HIV infections are transmitted by persons who know their HIV status.
- Unprotected anal or vaginal sex continues to be a major contributing factor for new infections in the United States.
- Alcohol is known to cause disinhibition and consumption before sex can lead to risky sexual behaviors.
- The Texas Medical Monitoring Project (MMP) 2009 weighted interview dataset was analyzed to assess information on sexual risk behaviors, alcohol and drug use before/during sex, and access to and utilization of prevention services among PLWH receiving medical care in Texas.

Methods

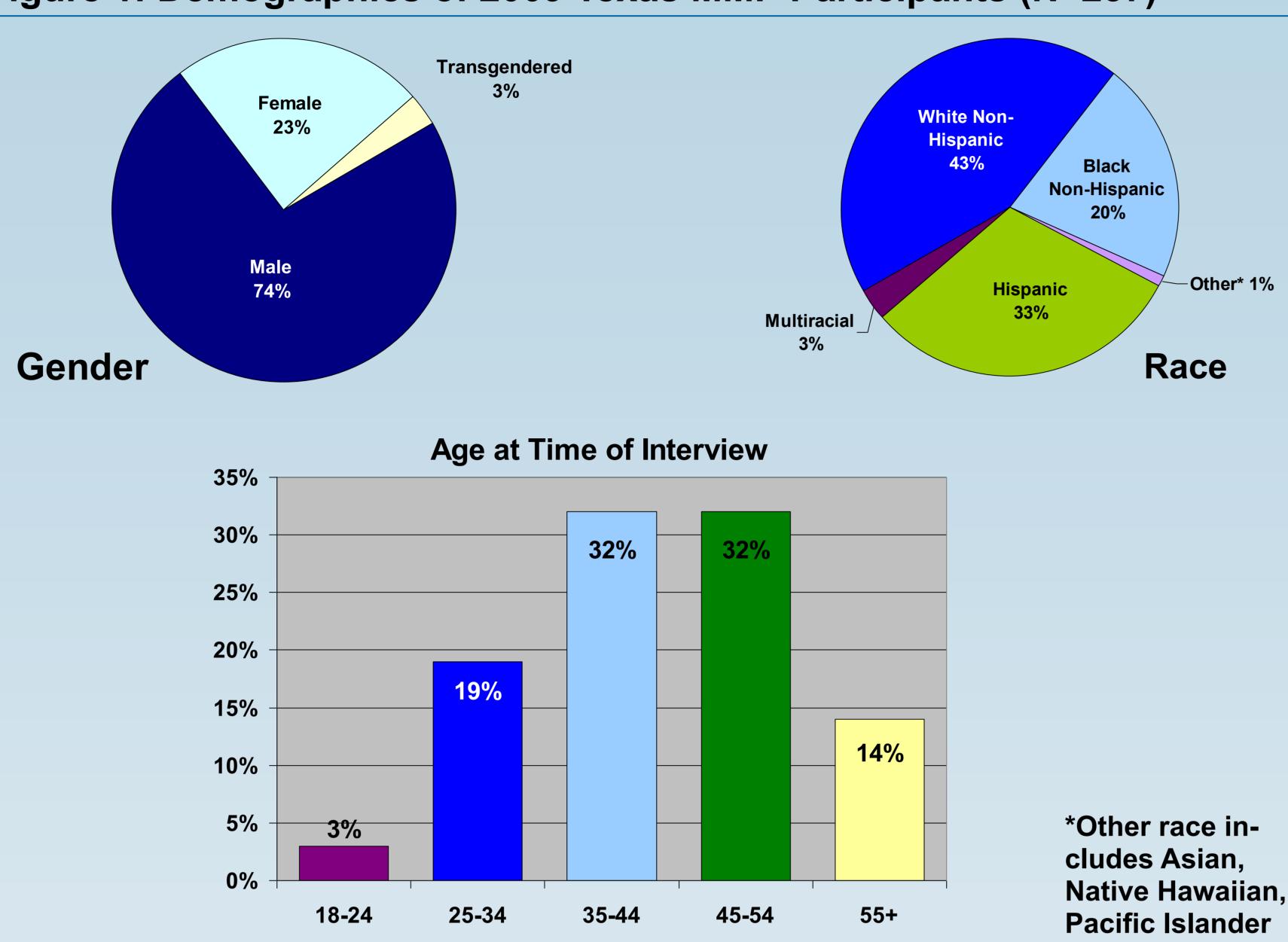
- The MMP is designed to provide prevalence estimates for unmet need, access to care, risk behaviors, treatment and adherence, clinical outcomes, reproductive history, and prevention services among PLWH receiving medical care through patient interview and medical chart abstraction.
- City/State sites, facilities, and patients are randomly selected using a three stage cluster-sampling method. MMP is conducted in 17 states and 6 cities by local and state public health departments in collaboration with the Centers for Disease Control and Prevention (CDC).
- Texas MMP is funded separately from Houston MMP, therefore this interview data doesn't include Harris County.
- •In 2009, 29 facilities participated, from which 400 patients were randomly selected and 237 completed a patient interview.
- Participating facilities included 17 publicly funded, 10 privately funded, and 2 federally funded facilities.
- Patient refusal rate was higher in private facilities (21%) compared to the public facilities (10%) while patient lost-to-follow-up was higher in public facilities (25%) compared to private facilities (14%).
- Patient recruitment did not occur in the federal facilities due to Institutional Review Board (IRB) delays.
- Association between variables were tested for independence with Rao Scott chi-square at p < 0.05 using SAS Version 9.2 Cary, North Carolina.

Results (*Percentages are weighted)

- •Of the 237 participants interviewed, 64% (n=152) reported engaging in vaginal or anal sex with at least one partner within the 12 months prior to the interview.
- •Forty-three percent (n=66) of those who reported vaginal or anal sex also reported having unprotected sex with at least one partner within the 12 months prior to the interview.
- A significantly higher proportion of participants who reported unprotected vaginal or anal sex are in the 30 -49 year age group (65%, n=44) when compared to participants in the 18-29 year age group (25%, n=15) and 50 years and older group (10%, n=7) (χ 2=9.03, p=0.0126).
- A significantly higher proportion of participants who reported having unprotected vaginal or anal sex received some college education or an associates degree (50%, n=34) (χ 2=13.62, p=0.0097) when compared to participants who either had no college education or received a bachelors degree or higher.
- A significantly higher proportion of participants who reported having unprotected vaginal or anal sex reported using alcohol before/during sex (58%, n=39) when compared to those who reported having unprotected sex but did not use alcohol before/during sex (42%, n=26) (χ 2=14.22, p=0.0003).

Results







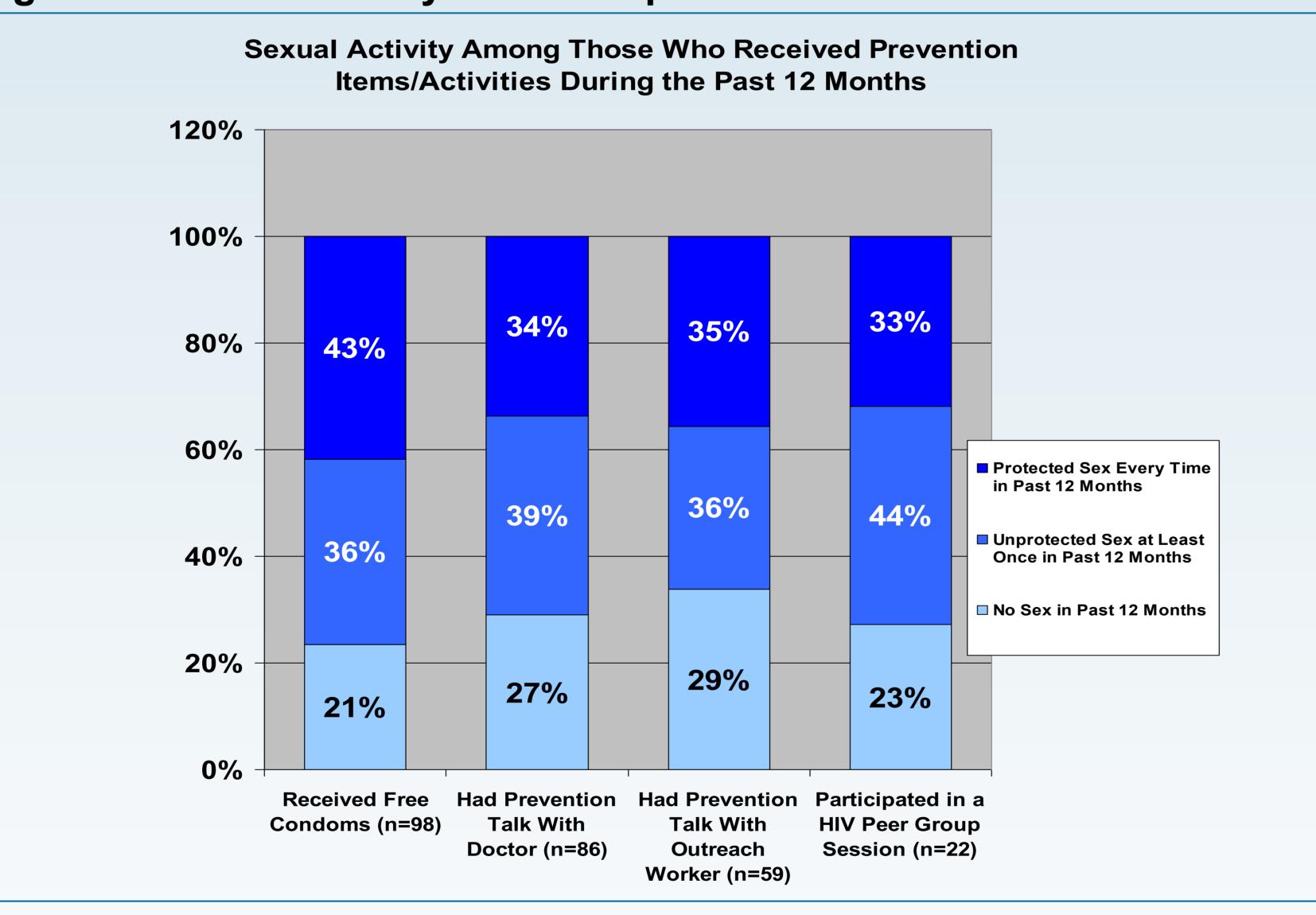
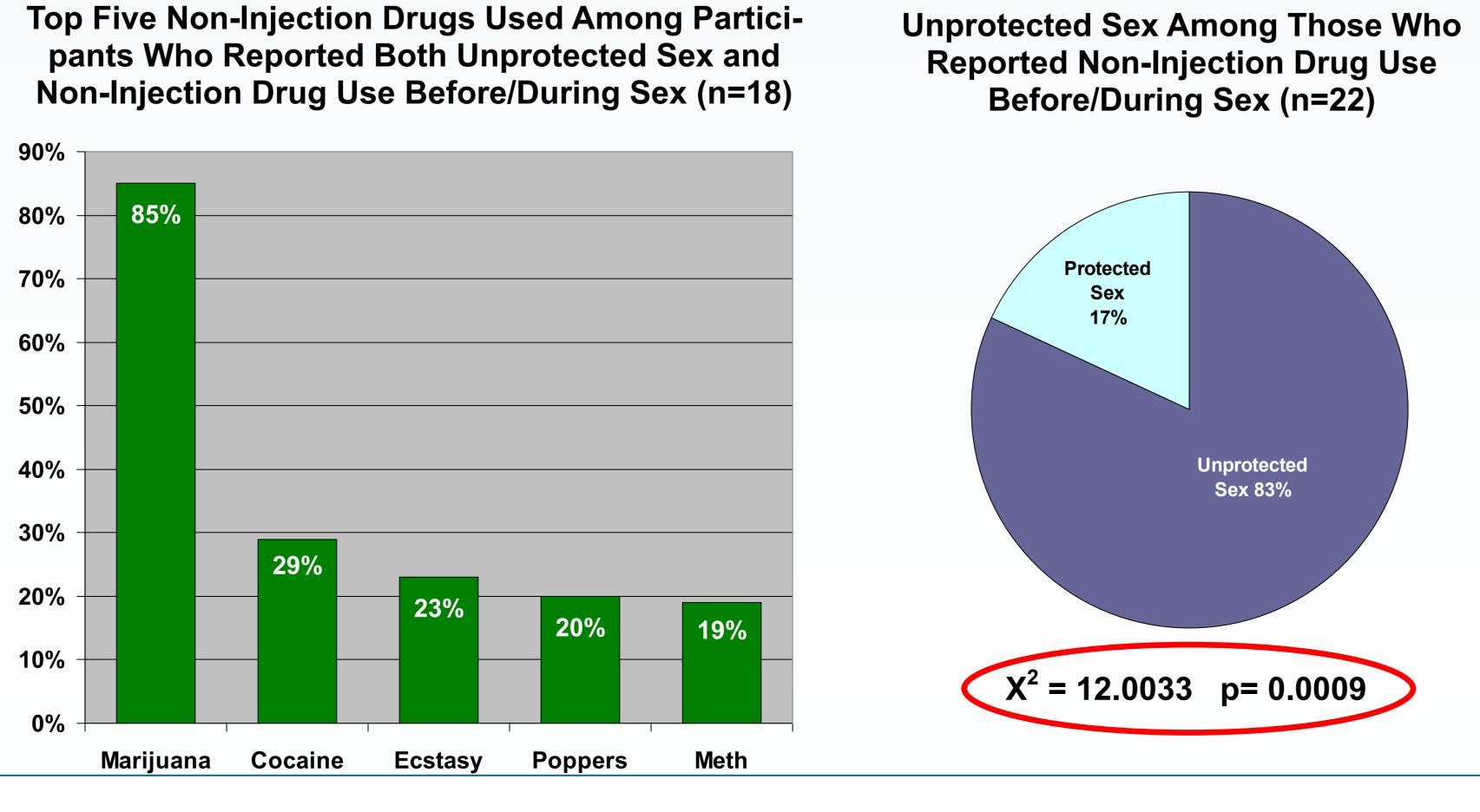
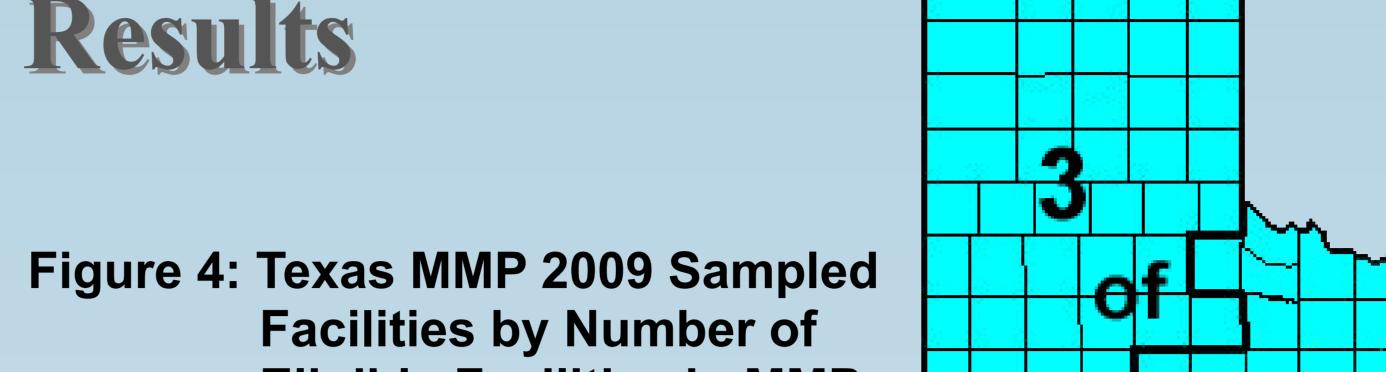


Figure 3: Non-Injection Drug Use Before/During Sex*





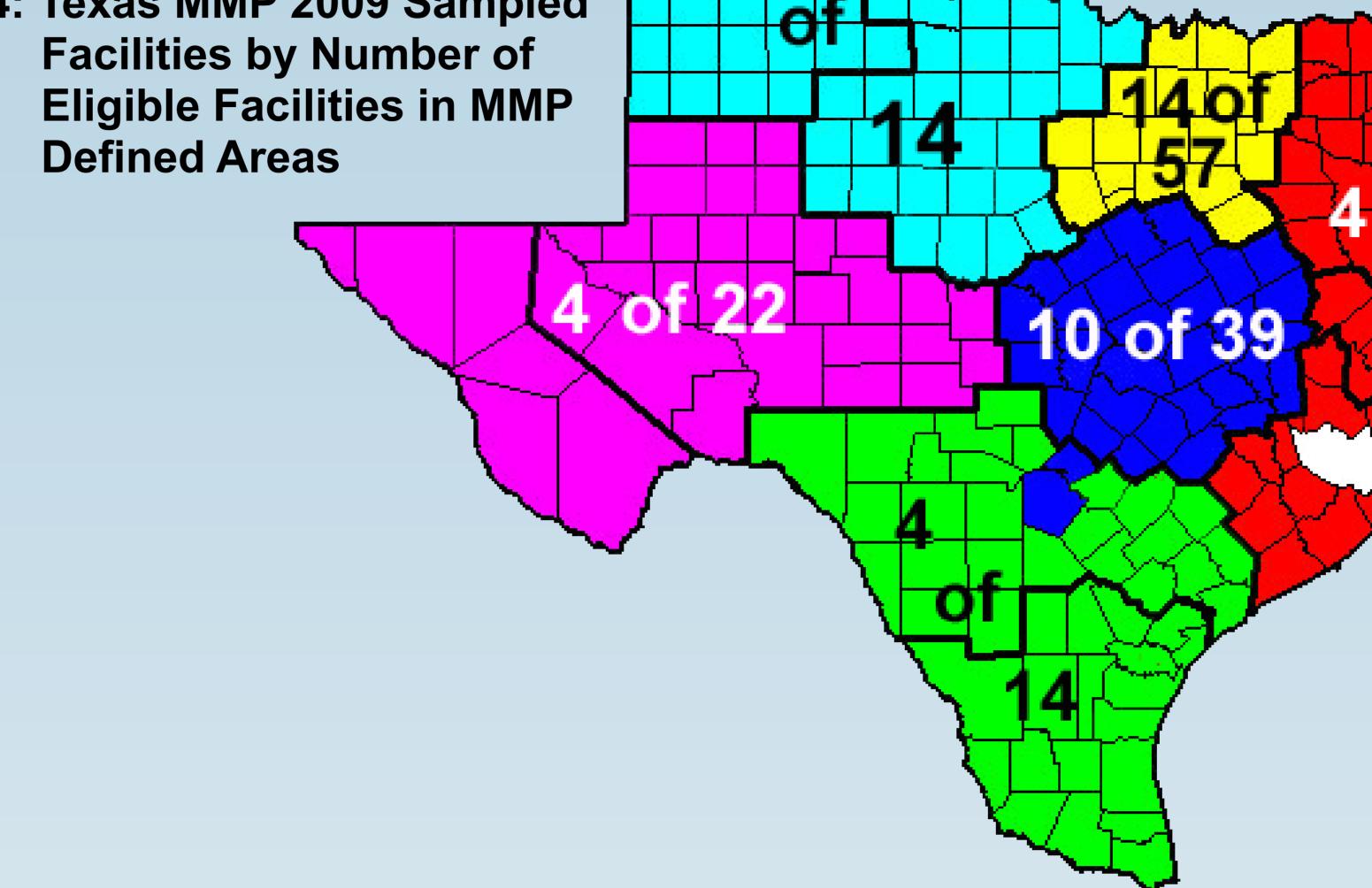


Figure 5: Selected Characteristics by Unprotected Sex*

	Sex in Past 12 Months (n=152)	Unprotected Sex (n=66)*		Rao Scott Chi Square	F-statistic	p-value
	,	<u>n</u>	<u>%</u> *			
Gender						
Male	115	54	82%	N/A	N/A	N/A
Female	34	12	18%			
Transgender	3	0	0%			
Age Category (years)						
18-29	22	15	25%	9.0323	4.5162	0.0126
30-49	100	44	65%			
50+	29	7	10%			
Race/Ethnicity						
White, Non-Hisp	65	31	44%	2.0937	0.9069	0.4386
Black, Non-Hisp	30	13	22%			
Hispanic	52	19	28%			
Other**	5	3	6%			
Education						
Less Than High School	10	***	***	13.6249	3.4062	0.0097
Grades 9-11	1	7	12%			
GED/High School Diploma	40	15	23%			
Some College/Associates Degree		34	50%			
Bachleor's Degree/Any Post Grad		9	12%			
Receipt of Prevention Items/Activities****						
Received Free Condoms	75	34	50%	1.0217	1.0217	0.3157
Prev. Talk with Doctor	61	32	53%	4.7582	4.7582	0.0326
Prev. Talk w/ Outreach Worker	39	18	34%	1.1387	1.1387	0.2897
Participated in HIV Peer Groups	16	9	16%	1.9656	1.9656	0.1655
Diagnosed in the Past 5 Years						
Yes	55	25	43%	0.1922	0.1922	0.6625
No	97	41	57%			
Drank Alcohol Before/During Sex						
Yes	68	39	58%	14.2153	14.2153	0.0003
No		26	42%			
Used Non-Injection Drugs Before/During Sex						
Yes		18	27%	12.0033	12.0033	0.0009
No			73%			
**Other race includes Asian, Pacific Islander,		protect patient confidentiality,		Ne Ne Ne Ne C		
Native Hawaiian and Multiracial		where n<3 are not reported			s are not mutia	lly exclusive

Results Cont.

- •A significantly higher proportion of participants who reported having unprotected vaginal or anal sex did not report using non-injection drugs before/during sex (73%, n=48) when compared to those who reported having unprotected sex and using non-injection drugs before/during sex (27%, n=18) (χ 2=12.00, p=0.0009).
- A significantly higher proportion of participants who reported using non-injection drugs before/during sex (83%, n=18) reported having unprotected sex when compared to those who reported using non-injection drugs before/during sex and reported no unprotected sex (18%, n=4) (χ2=12.00, p=0.0009). The most frequently reported non-injection drug used before/during sex among those who also reported unprotected sex was marijuana (85%, n=15).
- A significantly higher proportion of participants who reported having unprotected vaginal or anal sex reported having a prevention talk with a healthcare provider (53%, n=32) (χ 2=4.76, p=0.0326) when compared to those who reported having unprotected sex and reported not having a prevention talk with a healthcare provider.
- •Among participants who reported receiving free condoms within the 12 months prior to the interview (44%, n=98), 50% (n=34) reported having unprotected sex.
- •Among participants who reported having a prevention talk with a counselor (27%, n=59) within the 12 months prior to the interview, 34% reported having unprotected sex.

Conclusions/Future Directions

- Texas MMP data suggests that the majority of the participants are sexually active and those in the 30-49 year age group and whose highest education level included some college or an associate degree were more likely to engage in unprotected sex.
- The majority of participants who had unprotected sex used alcohol before/during sex.
- The majority of participants who had unprotected sex did not report using non-injection drugs before/during sex. In contrast, the majority of participants who used non-injection drugs before/during sex also had unprotected sex.
- The majority of participants reported they didn't receive free condoms and/or didn't have prevention talks but among those who did, a percentage still engaged in unprotected sex. Furthermore, a slightly higher number of participants who received a prevention talk from a healthcare provider engaged in unprotected sex at least once in the 12 months prior to the interview.
- To impact the reduction of HIV transmission, effective and continued patient education strategies are necessary, even among PLWH receiving medical care. The gaps in prevention counseling for HIV positive persons need to be addressed and evidence based counselor training strategies consistently utilized or developed where needed.
- For further understanding of unmet need for prevention services and opportunities for patient education, future analyses should look for gaps in both publicly funded & private health care settings. It's important to note that this analysis was performed using both a weighted and un-weighted dataset. The initial findings from the un-weighted dataset remained significant in the weighted analysis, and two additional variables where found to be significant.

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